

**HAZING, HARASSMENT, INTIMIDATION, BULLYING, CYBERBULLYING
COMPLAINT FORM**

School _____ Date _____

(If you feel uncomfortable leaving your name, you may submit a report using your unique student identification number. We assure you that we'll use our best efforts to keep your report confidential.)

Student's/Complainant's Name or EUID No. _____

Who was responsible for the incident(s)? _____

Describe the incident(s):

Date(s), time(s), and place(s) the incident(s) occurred:

Were other individuals involved in the incident(s)? yes no

If so, name the individual(s) and explain their roles: _____

Did anyone witness the incident(s)? yes no

If so, name the witnesses:

Is there any evidence of the incident(s) (i.e. text messages, videos, photos)? yes no

If so, please describe:

Did you take any action in response to the incident? yes no

If yes, what action did you take: _____

Were there any prior incidents? yes no

If so, describe any prior incidents: _____

I agree that all of the information on this form is accurate and true to the best of my knowledge.

Signature of complainant: _____

Signature of parents/legal guardians: